

<i>SERFF Tracking Number:</i>	<i>GRTT-125939733</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Guarantee Trust Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41078</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15G Group Health - Hospital/Surgical/Medical Sub-TOI:</i>		<i>H15G.002 Large Group Only</i>
	<i>Expense</i>		
<i>Product Name:</i>	<i>Group Senior Health Policy</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Guarantee Trust Life Insurance Company

Product Name: Group Senior Health Policy      SERFF Tr Num: GRTT-125939733      State: ArkansasLH

TOI: H15G Group Health -      SERFF Status: Closed      State Tr Num: 41078

Hospital/Surgical/Medical Expense

Sub-TOI: H15G.002 Large Group Only

Filing Type: Form

Co Tr Num:

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Author: Howard Moy

Disposition Date: 12/15/2008

Date Submitted: 12/10/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Filed in Illinois on 10/23/2008.

Explanation for Combination/Other:

Market Type: Group

Submission Type:

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 12/15/2008

State Status Changed: 12/15/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

To Be Filed:

FORM NO. DESCRIPTION REPLACES

MCP-2004(11/08) Master Policy MCP-2004

MCC-2004-AR(11/08) Certificate MCC-2004

<i>SERFF Tracking Number:</i>	<i>GRTT-125939733</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Group Senior Health Policy</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Dear Sir or Madam:

Enclosed for your review and approval are the captioned revised master policy and certificate for our Senior Health Medical product that was last approved by your Department on November 5, 2004. These forms will replace the previously approved forms listed above.

Briefly, the changes to the new versions of the forms include changes to the following provisions in the PREMIUM provision:

Premium Calculation (MCPXX301) – This provision, which appears in the policy provided to the policyholder, sets forth our right to change rates “on any premium due date” subject to prior notice requirements of your state.

Premium Rate Change (MCPXX100) – This provision, which has been added to the certificate provided to an insured person, sets forth our right to change premium rates subject to prior notice requirements in your state.

Grace Period (MCPXX401 and MCPXX101) – These provisions, which appear in the policy and certificate respectively, indicate the grace period and when the grace period applies.

## Company and Contact

### Filing Contact Information

Howard Moy, Senior Compliance Analyst	hmoy@gtlic.com
1275 Milwaukee Ave.	(847) 904-5786 [Phone]
Glenview, IL 60025	(847) 699-0093[FAX]

### Filing Company Information

Guarantee Trust Life Insurance Company	CoCode: 64211	State of Domicile: Illinois
1275 Milwaukee Avenue	Group Code: 687	Company Type: Mutual
1275 Milwaukee Avenue		
Glenview, IL 60025	Group Name:	State ID Number:
(847) 460-4772 ext. [Phone]	FEIN Number: 36-1174500	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00

<i>SERFF Tracking Number:</i>	<i>GRTT-125939733</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Expense</i>		
<i>Product Name:</i>	<i>Group Senior Health Policy</i>		
<i>Project Name/Number:</i>	<i>/</i>		
<i>Retaliatory?</i>	<i>Yes</i>		
<i>Fee Explanation:</i>	<i>2 forms @ \$50</i>		
<i>Per Company:</i>	<i>No</i>		

SERFF Tracking Number: GRIT-125939733 State: Arkansas  
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 41078  
Company Tracking Number:  
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only  
Expense  
Product Name: Group Senior Health Policy  
Project Name/Number: /

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guarantee Trust Life Insurance Company	\$100.00	12/10/2008	24447367

SERFF Tracking Number: GRTT-125939733 State: Arkansas  
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 41078  
Company Tracking Number:  
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only  
Expense  
Product Name: Group Senior Health Policy  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/15/2008	12/15/2008

SERFF Tracking Number:	GRIT-125939733	State:	Arkansas
Filing Company:	Guarantee Trust Life Insurance Company	State Tracking Number:	41078
Company Tracking Number:			
TOI:	H15G Group Health - Hospital/Surgical/Medical Sub-TOI:		H15G.002 Large Group Only
	Expense		
Product Name:	Group Senior Health Policy		
Project Name/Number:	/		

## Disposition

Disposition Date: 12/15/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTT-125939733 State: Arkansas  
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 41078  
 Company Tracking Number:  
 TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only  
 Expense  
 Product Name: Group Senior Health Policy  
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Master Policy	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes

SERFF Tracking Number: GRTT-125939733 State: Arkansas

Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 41078

Company Tracking Number:

TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only  
Expense

Product Name: Group Senior Health Policy

Project Name/Number: /

## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	MCP-2004(11/08)	Policy/Cont ract/Fratern al Certificate	Master Policy	Initial			MCP-2004(11-08).pdf
Approved-Closed	MCC-2004-AR(11/08)	Certificate	Certificate	Initial			MCC-2004-AR(11-08)final.pdf



## Master Policy

### GUARANTEE TRUST LIFE INSURANCE COMPANY

1275 Milwaukee Avenue  
Glenview, Illinois 60025

**Policyholder:** [ABC Company]

**Policy Number:** [123,455]

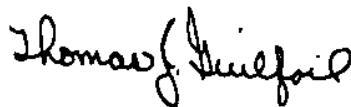
**Effective Date:** [January 1, 2009]

This Master Policy ("Policy") is issued to the Policyholder by Guarantee Trust Life Insurance Company (Company) on the Effective Date at 12:01a.m. standard time at the Policyholder's address.

This Policy is governed by the laws of the State where it is issued and is a legal contract between the Company and the Policyholder.

The Company hereby insures Eligible Persons of the Policyholder for whom premium has been timely paid. Eligible Persons are defined in the Master Application. Company agrees to pay benefits set forth in this Policy. Benefit payment is governed by the terms of this Policy.

### READ THIS POLICY CAREFULLY



Secretary



President

**GROUP [SENIOR] [RETIREE] [MAJOR] [MEDICAL] POLICY**  
**[Medicare Carve-Out]**

MCPCVXX100

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MCPTCXX100

## EMPLOYER PARTICIPATION AND CONTRIBUTION REQUIREMENTS

The following participation and contribution requirements must be met and maintained at all times by the [Employer] [Policyholder]:

- A minimum of [two (2)] unrelated Eligible Persons' participation is required at all times, and [50% - 75%] Eligible Person participation is required at all times. No more than [50%] of the total number of Eligible Persons may waive coverage under this Policy.
- If for any reason a [Employer] [Policyholder] falls below the percentage participation requirements, the Policyholder has a [3 month] period, beginning on the Premium Due Date that coincides with or next follows the date the event occurs, to reestablish and continue the minimum percentage participation requirements. If the minimum percentage participation requirements are not reestablished within a [3 month] period, and continue for at least [3 consecutive months], all insurance under this Policy for the [Employer] [Policyholder] and its insureds shall terminate.
- If for any reason the [Employer] [Policyholder] falls below the minimum number of Eligible Persons required to participate in this Policy, the [Employer] [Policyholder] has a [1 month period,] beginning on the Premium due date that coincides with or next follows the date the event occurs, to re-establish the minimum number of Eligible Persons required to participate in this Policy. If the minimum number of Eligible Persons is not reestablished within a [1 month] period of time, all insurance under this Policy for the [Employer] [Policyholder] and its insureds shall terminate at the end of the [1 month] period.
- For coverage to become and remain effective, the [Employer] [Policyholder] must contribute Premium for all insureds at the Contribution Rate shown on the Master Application.
- We shall not be liable to any Covered Person for any loss of coverage due to the failure of the [Employer] [Policyholder] to remit to Us any contributory premiums that it may collect on behalf of any Covered Person. The [Employer] [Policyholder] is not Our agent for the collection of any premiums whatsoever.

MCPPTXX200 ]

## POLICY COVERAGE

**Policy Amendment and Alteration:** We may amend or change the Policy by written agreement with the Policyholder. We may amend or change the Policy at any time, without the consent of the Policyholder, any Eligible Person, Covered Person or beneficiary, if required by law. Any Amendment shall be without prejudice to any charge incurred prior to the effective date of the Amendment.

No person other than Our President or Secretary has authority to waive, alter or amend any provision of the Policy. Any such waiver, alteration or Amendment shall be in writing and signed by the President or Secretary.

No agent has authority, implied or expressed, to determine insurability, make any contract in Our name or waive, alter or amend any provision of the Policy.

MCPPCXX100

**Policy Renewal:** The Policy shall automatically renew on each anniversary of the Effective Date subject to the termination provisions.

MCPPCXX200

**Participation:** An Eligible Person's participation under the Policy shall automatically renew on each anniversary of his/her effective date subject to the termination provisions.

MCPPCXX300

## TERMINATION

**Termination by Policyholder:** The Policyholder may terminate the Policy, on any anniversary date, by providing Us with at least [90 days] prior written notice. No further enrollments under this Policy will be accepted after the date of the notice of termination.

**Termination by Company:** We may terminate the Policy for any of the following reasons, on any premium due date:

- Failure of the Policyholder to pay the required Premium when due.
- Fraud or misrepresentation by the Policyholder.
- Failure to maintain minimum participation requirements.

MCP-2004(11/08)

- If We cease to offer coverage in such market.

If the Policy is terminated due to Our ceasing to offer coverage in a market, We will provide the Policyholder with at least 180 days prior written notice. In all other cases, We will provide the Policyholder with 30 days prior written notice of termination.

MCPXCIX100

## PREMIUM

**Payment of Premium/Due Date:** All premium, charges or fees (hereinafter "Premium") must be paid to Us at Our home office prior to the start of the term for which coverage is selected. In no event will coverage become effective prior to the date of enrollment and required premium are received at our home office or by Our authorized representative.

**Returned or Dishonored Payment:** If a check in payment for the Premium is dishonored for insufficient funds, a reasonable service charge may be charged to the Policyholder which will not exceed the maximum specified under state law. A dishonored check shall be considered a failure to pay Premium and coverage shall not take effect.

MCGPPXX100

**Premium Calculation:** The initial premium rates are shown in the Master Application. We have the right to make experience reductions or increases in premium rates on any premium due date. Any reduction or increase in premium rates is subject to Our giving the Policyholder the advance notice required by its state.

MCPPPXX301

**Grace Period:** We allow a grace period of 31 days for the payment of premium after the first premium. Coverage is in force during the grace period. If premium is not received before the Grace Period expires, Your coverage terminates as of the last day for which premium has been paid. If at least [60] days prior to the premium due date We send written notice to the Policyholder of Our intent not to renew the Policy, then the Grace Period will not apply to any period after the date the non-renewal is to be effective. If the Policyholder sends written notice to Us that it will not renew this Policy, then the Grace Period will not apply after the date the non-renewal is to be effective.

MCPPPXX401

**Reinstatement:** If the Policy terminates due to non-payment of premium, it can only be reinstated by:

- Payment of all required premium and any reinstatement fees; and
- Execution of a written agreement on a form designated by Us for this purpose. Such form must be signed by both the Policyholder or its authorized representative and Us.

If there are any other provisions of the Policy which conflict with this provision, this provision shall control. This provision shall survive termination of the Policy.

MCPPPXX500

## GENERAL PROVISIONS

**Entire Contract; Changes:** The Policy, including the Master Application, Certificate, if any, endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in the Policy shall be valid until approved by one of Our executive officers and unless such approval is endorsed hereon or attached hereto. No agent has authority to change the Policy or waive any of its provisions. The Policyholder is not Our agent.

Failure by Us to enforce any Policy provision shall not waive, modify or render such provision unenforceable at any other time; at any given time; or under any given set of circumstances, whether the circumstances are or are not the same.

MCGGPXX100

**Incontestability:** All statements made in an application by the Policyholder are, in the absence of fraud, representations and not warranties. No statement shall be used to contest the Policy, the validity of coverage or reduce benefits, unless it is in writing, signed by the Policyholder, and a copy of such statement is furnished to the Policyholder.

After coverage has been in force for 2 years under this Policy, no statement of the Policyholder, except fraudulent misstatement, shall be used to void the insurance or to deny or reduce a claim for loss incurred after the 2 year period.

**Non-Participating:** The Policy is non-participating. It does not share in Our profits or surplus earnings.

**Conformity With State Statutes:** If any provision of this Policy is contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

MCP-2004(11/08)

**Workers' Compensation:** This Policy is not in lieu of and does not affect any requirement for coverage by Workers' Compensation Insurance.  
MCPGPXX101

**Other Insurance With Us:** A Covered Person may have coverage under only one group or individual policy like this one with Us. If We issue more than one like individual policy or certificate to a Covered Person, only one certificate or individual policy chosen by the Covered Person will stay in force. [We'll return the premium paid for the duplicate coverage].  
MCGGPXX200

**Clerical Error:** If a clerical error is made so that an otherwise Eligible Person's coverage does not become effective, coverage may be in effect if: (a) the Policyholder makes a written request for coverage on a form approved by Us ; and (b) any premium not paid because of the error is paid in full from the effective date of coverage. Company reserves the right to limit retroactive coverage to two months preceding the date the error was reported.

If a clerical error is made so that the coverage is in effect for a person who is not eligible, an adjustment will be made to correct the error. Any Premium refund will be reduced by any payment made for claims. If claims paid exceed the Premium refund, the Policyholder shall reimburse Us for the overpayment.

**Information and Records:** The Policyholder shall provide Us with information necessary to administer coverage under the Policy. Information is required when an Eligible Person becomes covered, when changes in amounts of coverage occur, and when a Covered Person's coverage terminates.  
MCGGPXX300

## **CERTIFICATES**

The Certificate(s) designated below, and any Amendments thereto, are attached to and made part of the Policy. Any discrepancy or inconsistency between the attached Certificate(s) and any Individual Certificate is governed by the attached Certificate(s).

The Certificate(s) apply in accordance with the coverage and benefits elected by the Eligible Person in its Enrollment Form and accepted by Company.

Certificate Form Number  
[ MCC-2004 ]

**Individual Certificates:** An Individual Certificate of Insurance which sets forth a description of the benefits and coverages and exclusions or limitations that apply to such benefits and coverages shall be delivered to each [Insured] [Covered Person].  
MCPCRTXX100

**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
1275 Milwaukee Avenue  
Glenview, Illinois 60025

**CERTIFICATE OF INSURANCE**

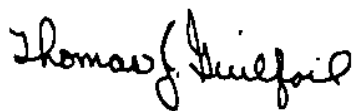
This is Your Certificate of Insurance (Certificate) while You are insured. It briefly explains the rights and benefits that are determined by the Master Policy (Policy). The Policy is a legal contract between the Policyholder and Us. The Policyholder is shown on the Schedule.

The Policy alone constitutes the agreement under which payments are made. We will pay the benefits set forth in the Policy. Benefit payment is governed by all the terms, conditions and limitations of the Policy. The Policy may be amended at any time without Your consent or notice to You. Any such amendment will not affect a claim starting before the amendment takes effect.

The Policy has been issued and delivered to the Policyholder. Except as otherwise stated in this Certificate, the Policy will be governed by the laws of the state where the Policy was issued. Certificates issued in Arkansas will be governed by the state of Arkansas. The Policy is held by the Policyholder. You may inspect it at any time during business hours at the office of the Policyholder.

This Certificate was issued on the basis that the information on Your [application][enrollment form] was correct and complete. If any information on the [application][enrollment form] was not correct, write to Us within ten (10) days of receipt of this Certificate. An error or omission in Your [application][enrollment form] may result in loss of coverage as of its Effective Date.

**READ YOUR CERTIFICATE CAREFULLY**



Secretary



President

**GROUP [SENIOR] [RETIREE] [MAJOR] [MEDICAL] CERTIFICATE**

**NON-PARTICIPATING**

MCCCVXX100

**THIS COVERAGE IS NOT MEDICARE SUPPLEMENT COVERAGE.**

**It will not cover all the cost of Your medical care. You will be financially responsible for some of Your medical expenses.**

**Refer to the Medical Expense Benefit provision which discusses how benefits are paid and to the Schedule of Benefits for details of benefit amounts.**

MCCCVXX200

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## GENERAL DEFINITIONS

*The terms listed below, if used, have the meaning stated.*

MCGDFXX100

**[Calendar Year:** The period of time beginning on January 1 and ending on December 31 of the same year. The first Calendar Year of the Certificate will begin on the date this Certificate becomes effective and end on the first December 31<sup>st</sup> after a covered Person's effective date of coverage.

MCGDFXX200]

**Class:** A category of persons based on job, salary or some other condition of employment or membership. Eligible Classes are shown in the Schedule of Benefits.

MCGDFXX301

**Company:** Guarantee Trust Life Insurance Company, a mutual company. Also hereinafter referred to as We, Us and Our.

MCGDFXX400

**[Copayment:** A fixed dollar amount which is paid by [the Covered Person] [You] for certain Covered Charges.

Copayments [do not] accumulate toward satisfaction of the [Policy Year] [Calendar Year] Deductible. The Copayment is shown in the Schedule.

MCGDFXX3400]

**Covered Person:** A person:

- Who is eligible for coverage as the Insured [ or as a Dependent ];
- Who has been accepted for coverage [or has been automatically added];
- Who has paid the required premium, if any; and
- Whose coverage has become effective and has not terminated.

MCGDFXX500

**Covered Charge:** The portion of Medicare Eligible Expenses that are not covered by Medicare but are covered under the Policy. A Covered Charge is considered incurred on the date the treatment or service is rendered or the supply is furnished. Covered Charges are shown in the Schedule.

MCGDFXX2600

**[Deductible:** A dollar amount of Covered Charges a Covered Person must pay each Calendar Year before We pay any benefits. The Deductible is shown in the Schedule.]

[A new Deductible will apply each Calendar Year. ] [ However, Covered Charges incurred during the last [3 months] of a Calendar Year but not yet paid because the Deductible has not been met, which are applied to that Covered Person's Calendar Year Deductible will also be applied toward that person's Deductible for the next Calendar Year and thus reduce that Calendar Year's Deductible.

MCGDFXX2700

(overall plan deductible)

**[Deductible:** A dollar amount of Covered Charges a Covered Person must pay each Calendar Year before We pay any benefits for Medicare Eligible Expenses under [Part A] [Part B] of Medicare. The Deductible is shown in the Schedule.]

[A new Deductible will apply each Calendar Year. ] [ However, Covered Expenses incurred during the last [3 months] of a Calendar Year which are applied to that Covered Person's Calendar Year Deductible will also be applied toward that person's Deductible for the next Calendar Year and thus reduce that Calendar Year's Deductible.

MCGDFXX2710

(part A or part B deductible)

**Dependent:** A person who is the Insured's legally married spouse, residing with the Insured.

MCGDFXX600

**Dependent:** A person who is the Insured's legally married spouse or Domestic Partner, residing with the Insured.

MCGDFXX610

**Doctor:** A legally qualified person licensed in the healing arts and practicing within the scope of his or her license and is not a Family Member.

MCGDFXX700



**[Domestic Partner:** The Insured and the Insured's opposite or same sex partner who both meet the qualifications stated below. They must:

- Be at the age of consent to marry or, alternatively, at the age to enter into a contract, whichever is the older, in the state in which they reside;
- Not be related by blood closer than would bar marriage in the state in which they reside (first cousins or nearer);
- Not be legally married to any other person;
- Be the sole opposite or same sex partner of each other and have no other opposite or same sex partner;
- Be mutually financially responsible for their basic living expenses;
- Agree to immediately notify Us of any change/ termination in the status of the domestic partnership; and
- Both sign and have notarized an Affidavit of Domestic Partners in order for the opposite or same sex partner of the Insured to be eligible for coverage under the Policy.]

MCGDFXX2500

**Family Member:** A person who is related to the Covered Person in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted, step or foster child). A Family Member includes an individual who normally lives in the Covered Person's household.

MCGDFXX800

**[Hospice:** An agency which provides medical, health care services and medical social services for the palliative and supportive care and treatment of terminally ill individuals.

MCGDFXX2900 ]

**[Hospice Care:** Services provided by a Hospice providing care to a Covered Person for whom a certified medical prognosis has been made indicating a life expectancy of 6 months or less and who has elected to receive such care in lieu of other medical benefits provided herein.

MCGDFXX3000 ]

**Hospital:** A hospital that is either approved for payment of Medicare benefits or could receive such approval if so requested

MCGDFXX900

**Hospital Confined/Hospital Confinement:** Confinement in a Hospital for at least 18 consecutive hours for which a room and board charge is made by reason of a Sickness or Injury for which benefits are payable.

MCGDFXX1000

**Injury:** Bodily injury due to an Accident which:

- Results solely, directly and independently of disease, bodily infirmity or any other causes;
- Occurs after the Covered Person's effective date of coverage;
- Occurs while coverage is in force.

All injuries sustained in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury.

MCGDFXX1100

**[Insured Percent:** The percentage of Covered Charges We pay for Injury or Sickness. The Insured Percent only applies to Covered Charges for Medicare Eligible Expenses under Part B of Medicare. The Insured Percent is shown in the Schedule.

MCGDFXX3100]

(used when no deductible)

**[Insured Percent:** The percentage of Covered Charges We pay for Covered Charges during each Calendar Year after the Deductible is satisfied. The Insured Percent only applies to Covered Charges for Medicare Eligible Expenses under Part B of Medicare. The Insured Percent is shown in the Schedule.

MCGDFXX3110]

(used when there is an overall plan deductible or a Part B deductible)

**[Lifetime Maximum Amount:** The maximum amount of benefits We will pay while [a Covered Person is] [You are] covered under this Certificate. The Lifetime Maximum Amount is inclusive of all benefits received under this Certificate. The Lifetime Maximum Amount is shown on the Schedule.]

MCGDFXX3500

**Lifetime Reserve Days:** The number of days, per lifetime, of Hospital Confinement that is paid by Medicare after the Covered Person has reached the maximum number of days of Confinement covered by Medicare Part A. The number of Lifetime Reserve Days is stated in the Schedule.  
MCGDFXX1200

**Medicaid:** The Health Insurance for the Aged Act, Title XIX of the Social Security Amendments of 1965 as Then Constituted or Later Amended.  
MCGDFXX1300

**Medicare:** The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended.  
MCGDFXX1400

**Medicare Benefit Period:** The time used to measure inpatient benefits. A Benefit Period begins the first day the Covered Person receives Medicare covered services in a hospital and it ends when the Covered Person has been out of a hospital or Skilled Nursing Facility for 60 consecutive days. If the Covered Person enters a hospital again after 60 days, a new Benefit Period begins.  
MCGDFXX1500

**Medicare Eligible Expenses:** Expenses of the kinds covered by Medicare, to the extent recognized as medically necessary and reasonable by Medicare. These expenses may or may not be fully covered by Medicare.  
MCGDFXX1600

**[Nurse:** A licensed registered nurse (R.N.) or licensed practical nurse (L.P.N.) who: (a) is properly licensed or certified to provide medical care under the laws of the state where the nurse practices; and (b) provides medical services which are within the scope of the nurse's license or certificate, and is not a Family Member.  
MCGDFXX3600 ]

**[Out-of-Pocket Maximum:** The amount of Covered Charges a Covered Person must pay during a [Policy Year] [Calendar Year] before his or her benefits are paid at 100%. [The Out-of-Pocket Maximum includes Covered Charges applied to the Deductible[ and coinsurance] amounts.] [The Out-of-Pocket Maximum [does] [does not] include Copayment amounts.] [The coinsurance amount is the amount of Covered Charges which are not covered because Covered Charges are paid at an Insured Percent which is less than 100%. The coinsurance amount is stated in the Schedule.]  
MCGDFXX3201]

**[Out-of-Pocket Maximum:** The amount of Covered Charges a Covered Person must pay during a [Policy Year] [Calendar Year] before his or her benefits are paid at 100%. [The Out-of-Pocket Maximum does not include Covered Charges applied to the Deductible.] [The Out-of-Pocket Maximum [does] [does not] include Copayment amounts.] [The Out-of-Pocket Maximum does include Covered Charges applied to coinsurance amounts.] [The coinsurance amount is the amount of Covered Charges which are not covered because Covered Charges are paid at an Insured Percent which is less than 100%. The coinsurance amount is stated in the Schedule.]  
MCGDFXX3211]

**[Policy Year:** The period of 12 months following the Policy's Effective Date.  
MCGDFXX1700]

**Policyholder:** The entity shown as the Policyholder on the Schedule.  
MCGDFXX1800

**Sickness:** Illness and disease which begin after the effective date of a Covered Person's coverage.  
MCGDFXX1900

**Skilled Nursing Care:** Services that are certified as medically necessary by a Doctor and are not intermediate, domiciliary, custodial or retirement care.  
MCGDFXX2000

**Skilled Nursing Facility:** A place that:

- Is legally operated as a Skilled Nursing Facility;
- Primarily engaged in providing, in addition to room and board accommodations, Skilled Nursing Care under the supervision of a Doctor;
- Provides continuous 24 hour a day nursing service by or under the supervision of a licensed nurse; and
- Maintains a daily medical record on each patient.

Skilled Nursing Facility also means a place which may not meet the above rules, but is a nursing facility that is either approved for payment of Medicare benefits or could get such approval if so requested.

A Skilled Nursing Facility does not mean or include any home or facility, or part thereof, used primarily for rest, residential, retirement or custodial care.

MCGDFXX2100

**Wellness Care:** Services, equipment and supplies prescribed by and provided under the direction of a Doctor that promote good health and prevent disease. Wellness Care includes, but is not limited to:

- a. Alternate health care such as massage, acupuncture and chiropractic services;
- b. [Semi-] Annual dental and vision check-ups;
- c. Annual physical examinations;
- d. Chronic disease self-management programs;
- e. Alcohol dependency, substance abuse prevention and violence prevention counseling;
- f. Stress reduction programs.

MCGDFXX3300

**You, Your and Yours:** The Insured shown on the Schedule.

MCGDFXX2200

**We, Ours and Us:** The Guarantee Trust Life Insurance Company.

MCGDFXX2300

Male pronouns whenever used include female pronouns.

MCGDFXX2400

## CONDITIONS OF INSURANCE

### ELIGIBILITY

**Insured:** You are eligible for coverage if You are a member of an eligible Class and complete a valid [enrollment form] [application]. Eligible Classes are shown in the Schedule.

**Dependent:** When a Dependent is a member of an eligible Class, such Dependent is eligible for coverage on the later of:

- The date You become eligible for insurance; or
- The date You acquire the Dependent. A Dependent is deemed to be acquired on the date of the marriage to You.

MCCCIXX100

### [ELIGIBILITY

**Insured:** You are eligible for coverage if You are a member of an eligible Class and complete a valid [enrollment form] [application]. Eligible Classes are shown in the Schedule.

**Dependent:** When a Dependent is a member of an eligible Class, such Dependent is eligible for coverage on the later of:

- The date You become eligible for insurance; or
- The date You acquire the Dependent. A Dependent is deemed to be acquired on the date of the marriage to You or the date the Affidavit of Domestic Partnership is filed.

MCCCIXX110]

### EFFECTIVE DATE

**Insured [and Dependents, except Dependents Acquired After Effective Date]:** Coverage is effective as stated on the Schedule.

### [Dependents Acquired After Effective Date

**Dependent Spouse:** A Dependent spouse who is age 65 and older, covered under Medicare Parts A and B, and not covered under any Medicare Supplement policy or certificate, is eligible for coverage on the date of marriage to You. Enrollment and premium must be received within 31 days of the marriage. Coverage is effective [upon receipt] [the first of the month following receipt] of enrollment and premium by Us or Our authorized representative. ]

MCGCIXX100

## **[EFFECTIVE DATE**

**Insured [and Dependents, except Dependents Acquired After Effective Date]:** Coverage is effective as stated on the Schedule.

## **[Dependents Acquired After Effective Date**

**Dependent Spouse:** A Dependent spouse who is age 65 and older, covered under Medicare Parts A and B, and not covered under any Medicare Supplement policy or certificate, is eligible for coverage on the date of marriage to You. Enrollment and premium must be received within 31 days of the marriage. Coverage is effective [upon receipt] [the first of the month following receipt] of enrollment and premium by Us or Our authorized representative.

**Domestic Partner:** A Domestic Partner who is age 65 and older, covered under Medicare Parts A and B, and not covered under any Medicare Supplement policy or certificate, is eligible for coverage on the date of filing of the Affidavit of Domestic Partnership. Enrollment and premium must be received within 31 days of the filing date of the Affidavit of Domestic Partnership. Coverage is effective [upon receipt] [the first of the month following receipt] of enrollment and premium by Us or Our authorized representative. ]

MCGCIXX110]

## **TERMINATION**

**Covered Person:** Coverage with respect to a Covered Person will terminate at 12:01 a.m. standard time at Your residence on the earliest of:

- The date the Policy terminates;
- The date coverage is terminated by Us for all certificate holders in Your state;
- The date We receive Your written request to terminate coverage;
- The last day of the period for which the Premium is paid;
- The last date of the period for which Premium has been paid following the date a Dependent ceases to be a Dependent as defined.

At least [30] [45] days prior written notice will be given to You if We terminate Your coverage for any reason, except for nonpayment of Premium.

Termination of coverage is subject to the Extension of Benefits provision.

MCCCIXX200

## **EXTENSION OF BENEFITS**

### In the event of Total Disability

If a Covered Person is Totally Disabled on the date the Policy terminates, We will extend that Covered Person's benefits for the Injury or Sickness which caused the Total Disability. Benefits will be paid as if coverage had remained in effect.

Total Disability/Totally Disabled means, with respect to You, the complete inability to perform all of the substantial and material duties of Your occupation and any other gainful occupation in which such person You earns substantially the same compensation earned prior to disability. [With respect to a covered Dependent, Hospital Confinement.] At Our request a Doctor must certify in writing that the Covered Person continues to be Totally Disabled.

Extension of benefits will end at the earlier of:

- the end of Total Disability;
- the end of a [12 month] period following the date the Policy terminates; or
- the date the Lifetime Aggregate Maximum Amount is reached.

MCGCIXX300

## **CONTINUATION AND CONVERSION**

### **CONTINUATION OF COVERAGE IN THE EVENT OF DISSOLUTION OF MARRIAGE**

If Your marriage is dissolved by a valid decree of dissolution and if Your spouse is a Covered Person on the date of the decree of dissolution, then the Dependent spouse's coverage will continue in force under the policy, subject to its

provisions, if the Dependent spouse pays the first premium required for the continued coverage within 31 days after the entry of the decree of dissolution.

If the Dependent spouse continues coverage pursuant to this provision, We will issue him or her a new Certificate as evidence of coverage under the Policy.

#### **Termination of Continued Coverage**

Continued coverage will terminate on the earlier of:

- The date 18 months after the date on which the group coverage would otherwise have terminated because of termination of group membership;
- If the Covered Person fails to make timely payment of premium, the end of the period for which premium payment was made; or
- The date the Policy is terminated and is not replaced within 31 days by another group policy that is designed to supplement benefits under Medicare and which provides full coverage for pre-existing conditions.

If a group policy is replaced, Covered Persons covered under continued coverage shall remain under such coverage under the replaced policy until as provided in the Termination of Continued Coverage provision.

MCCCIXX300

## **[CONTINUATION AND CONVERSION**

### **CONTINUATION OF COVERAGE IN THE EVENT OF DISSOLUTION OF MARRIAGE**

If Your marriage is dissolved by a valid decree of dissolution and if Your spouse is a Covered Person on the date of the decree of dissolution, then the Dependent spouse's coverage will continue in force under the policy, subject to its provisions, if the Dependent spouse pays the first premium required for the continued coverage within 31 days after the entry of the decree of dissolution.

If the Dependent spouse continues coverage pursuant to this provision, We will issue him or her a new Certificate as evidence of coverage under the Policy.

### **CONTINUATION OF COVERAGE IN THE EVENT OF TERMINATION OF DOMESTIC PARTNERSHIP**

If Your domestic partnership is terminated and if Your Domestic Partner is a Covered Person on the date of termination of the domestic partnership, then such Domestic Partner's coverage will continue in force under the policy, subject to its provisions, if such Domestic Partner pays the first premium required for the continued coverage within 31 days after the entry of termination of domestic partnership.

If such Domestic Partner continues coverage pursuant to this provision, We will issue him or her a new Certificate as evidence of coverage under the Policy.

#### **Termination of Continued Coverage**

Continued coverage will terminate on the earlier of:

- The date 18 months after the date on which the group coverage would otherwise have terminated because of termination of group membership;
- If the Covered Person fails to make timely payment of premium, the end of the period for which premium payment was made; or
- The date the Policy is terminated and is not replaced within 31 days by another group policy that is designed to supplement benefits under Medicare and which provides full coverage for pre-existing conditions.

If a group policy is replaced, Covered Persons covered under continued coverage shall remain under such coverage under the replaced policy until as provided in the Termination of Continued Coverage provision.

MCCCIXX310]

### **CONVERSION PRIVILEGE**

The right to convert coverage under the Policy to conversion coverage is available to a Covered Person whose insurance under the Policy ceases for any reason except:

1. Termination of the Policy with replacement by similar medical coverage within 31 days;
2. Termination of the class of Covered Persons with replacement by similar medical coverage within 31 days;
3. Non-payment of the required premium.

The conversion coverage will cover the Covered Person and his insured Dependent.  
MCCCIXX500

### **Dependent's Conversion Privilege**

The right to convert any insurance provided under the Policy to conversion coverage is also available to an insured spouse who ceases to be a Dependent due to:

- a) Your death; or
- b) Annulment or dissolution of marriage.

MCCCIXX600

### **[Dependent's Conversion Privilege**

The right to convert any insurance provided under the Policy to conversion coverage is also available to an insured spouse or an insured Domestic Partner who ceases to be a Dependent due to:

- a) Your death;
- b) Annulment or dissolution of marriage; or
- c) Termination of domestic partnership.

MCCCIXX610]

### **Conversion**

The conversion coverage will be on a standardized Medicare Supplement form that provides benefits similar to the Policy's benefits. Conversion coverage will be issued without proof of good health subject to the following:

1. Written application must be made to Us at Our Home Office within 31 days after insurance under the Policy ceases. Premium payment must also be made within the 31 day period.
2. The effective date of coverage will be the day following the date such person's insurance under the Policy ceases.

Premium for the policy will be based on Our table of rates in effect on the date the individual policy begins, such person's age on the effective date of the new policy, and his or her rating class under this Policy. For any waiting periods under the new policy, We'll count from the effective date of such person's coverage under this Policy. We won't issue a new policy if it would result in over insurance under Our usual underwriting rules.

The jurisdiction where delivery of the conversion coverage is to be made and the availability of the form then available to individuals controls the form We issue. The laws of such jurisdiction may require a special plan be provided or be available. If that is the case, We will either provide the coverage or refer the person to the proper source for coverage.

MCCCIXX700

## **REPLACED PLAN**

When this Certificate replaces the [Policyholder's] [Employer's] prior plan which terminated the day before the Policy's Effective Date, the following applies:

1. As to each Covered Person:
  - a. credit will be given under similar coverage of this Certificate for any of the following which was wholly or partially met under the [Policyholder's] [Employer's] prior plan:
    - [Waiting Period;]
    - [Deductible (for the same year); [and] ]
    - [Out-of-Pocket Maximum; [and] ]
    - [Benefit Period. ]
  - The Covered Person must provide Us with proper documentation before credit will be applied.
  - b. Any benefits paid under the [Policyholder's] [Employer's] prior plan can be applied towards any benefit maximum amount under this Certificate.

2. If the Covered Person is on Extension of Benefits under the [Policyholder's] [Employer's] prior plan, benefits under this Certificate will be paid secondary to those of the prior plan.

MCCCIXX800

## BENEFITS

### Medicare Part A and Part B

We will pay the following benefits for the expenses the Covered Person incurred because of an Injury or Sickness. Specific benefit amounts are stated in the Schedule.

MCCCXX100

[We will pay the following benefits for the expenses the Covered Person incurred because of an Injury or Sickness, subject to the Deductible and Coinsurance, if any. The Deductible and Coinsurance, if any, and specific benefit amounts are stated in the Schedule.

MCCCXX110]

[ [1.] Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the [61<sup>st</sup>] day through the [90<sup>th</sup>] day in any Medicare Benefit Period.

MCGCXX200 ]

[ [2.] Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare Lifetime Reserve Day used.

MCGCXX300 ]

[ [3.] Upon exhaustion of Medicare benefits including Lifetime Reserve Days, We will pay the Medicare Eligible Expense incurred due to inpatient hospital care. This benefit starts on the day following the last day of coverage by Medicare. These expenses must be of the type Medicare would have covered if Medicare benefits were not exhausted. This benefit is subject to a lifetime maximum benefit of an additional [365] days.

MCGCXX400 ]

[ [4.] Coverage under Medicare Parts A and B for the reasonable cost of the first [three (3)] pints of blood (or equivalent quantities of packed red blood cells as defined under federal regulations) unless replaced in accordance with federal regulations.

MCGCXX500 ]

[ [5.] Coverage for the Copayment amount of Medicare Eligible Expenses under Part B regardless of Hospital Confinement subject to the Medicare Part B deductible.

MCGCXX600 ]

[ [6.] Coverage for all of the Medicare Part A inpatient hospital deductible amount per Medicare Benefit Period.

MCGCXX700 ]

[ [7.] Coverage for all of the Medicare Part B deductible amount per Calendar Year regardless of Hospital Confinement.

MCGCXX800 ]

[ [8.] Coverage of the Medicare copayment for the actual billed charges up to the Skilled Nursing Facility Care benefit amount from the [21<sup>st</sup> ] day through the [100<sup>th</sup> day] in a Medicare Benefit Period for post-hospital Skilled Nursing Facility Care eligible under Medicare Part A.

MCGCXX901 ]

[ [9.] Coverage, to the extent not covered by Medicare, for [eighty percent (80%) ]of the billed charges for Medicare Eligible Expenses for medically necessary emergency hospital, Doctor, and medical care received in a foreign country which care would have been covered by Medicare if provided in the United States, and which care began during the first [sixty (60) consecutive days] of each trip outside the United States, subject to a calendar year deductible and a lifetime maximum benefit.

For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

MCGCXX1000]

[ [10.] Coverage for services to provide short term, at-home assistance with activities of daily living for a Covered Person recovering from a Sickness, Injury or surgery. Activities of Daily Living include, but are not limited to bathing, dressing, personal hygiene, transferring, eating, ambulating, assistance with drugs that are normally self-administered, and changing bandages or other dressings. At-home care must be received by a duly qualified or licensed home health aide/homemaker, personal care aide or nurse provided through a licensed home health care agency or referred by a licensed referral agency or licensed nurses registry. At-home care must be received

in the Covered Person's place of residence, provide that such place would qualify as a residence for home health care services covered by Medicare. A Hospital or Skilled Nursing Facility is not considered the Covered Person's place of residence.

MCGCXX1600]

[[11.] Comprehensive Adult Wellness Benefit including testing and examination for breast cancer, prostate cancer, cervical cancer and diabetes.

MCGCXX1100]

[[12.] Wellness Care Benefit.

MCGCXX1110]

[[13.] Hospice benefits consisting of:

- a. Outpatient prescription drugs for pain relief or symptom management provided by the Hospice.
- b. Hospice Care received in a Hospice facility in order to provide a respite for the hospice care personnel, as shown in the Schedule.

MCGCXX1700]

[[14.] Private Duty Nursing Care not covered by Medicare. Benefits for private duty nursing are payable when the Covered Person is Hospital Confined and such care is provided by a Nurse under the direct supervision of a Doctor.

MCGCXX1800]

Before these Part A and B Policy benefits are payable, benefits must be payable under Part A and Part B of Medicare for its part of the expenses.

MCGCXX1200

**NOTE: Medical providers, such as a Doctor, therapist or clinic, will send the Covered Person a statement of their charges. They may include charges for items and services not covered or paid for by either Medicare or Us. These "billed" charges may be higher than the Medicare Eligible Expense. Medicare Eligible Expense is defined in this Certificate.**

**Before We can pay any benefits for expenses covered under Medicare Part B, the Covered Person must file a claim with Medicare. Medicare's Benefit Department will send the Covered Person a copy of the Explanation of Medicare Benefits form. This form will show the Medicare Eligible Benefits. We'll need a copy of this form to pay Our Certificate benefits. We may get this form directly from Medicare; but if We don't, it will be the Covered Person's responsibility to send Us a copy.**

MCGCXX1300

#### **Changes in Medicare and Copayment Amounts**

If Medicare changes any deductibles or any of the co-payment percentage or limits for any benefits which are specifically covered by this Certificate, We will change the benefits of the Certificate to tie in with the new benefits provided by Medicare. We will not provide coverage for any type of expense We did not previously cover. [We may change the premium to match the benefit change. Any premium change needed because of a change in benefits will only be made after We give the Covered Person appropriate notice.]

MCGCXX1400

#### **Suspension of Benefits**

If You are entitled to receive medical assistance under Medicaid for a period of 2 years or less, You may suspend this coverage and premium payments by notifying Us within 90 days after Your medical assistance became effective. When You are no longer entitled to such medical assistance and You notify Us within 90 days after the loss of medical assistance, then if the Policy is still in effect, Your coverage will be reinstated and Your premiums will continue. Coverage will be effective as of the termination date of Your entitlement to medical assistance. The reinstated coverage shall not be subject to any waiting periods or pre-existing condition limitation. The premium will be the same as though the coverage has not been suspended.

MCGCXX1500

### **EXCLUSIONS**

Unless specifically stated otherwise, this Certificate does not cover or consider for payment any service or supply, or any portion of a service or supply that is not a Medicare Eligible Expense, nor will this Certificate duplicate any benefit paid by Medicare.

MCGEXX100



## CLAIM PROVISIONS

**Notice of Claim:** Written Notice of Claim must be given to Us or Our authorized representative within 60 days after a covered loss starts, or as soon thereafter as is reasonably possible. Notice should include information sufficient to identify the Covered Person.

MCGCPXX100

**Claim Forms:** Upon Our receipt of written Notice of Claim, We will furnish to the claimant such forms as are usually furnished by Us for filing Proofs of Loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this Policy as to Proof of Loss upon submitting, within the time fixed in this Policy for filing Proof of Loss, written proof covering the occurrence, the character, and the extent of the loss for which claim is made.

MCGCPXX200

**Proof of Loss:** Written Proof of Loss must be given to Us or Our authorized representative not later than 90 days after the covered loss. If Proof of Loss is not given within 90 days, the claim will not be denied or reduced for that reason if that proof was given as soon as reasonably possible.

MCGCPXX300

**Time of Payment of Claims:** Benefits will be paid as soon as We receive proper Proof of Loss unless the Policy provides for periodic payment. When the Policy provides for periodic payment, the benefits will accrue and will be paid monthly subject to proper Proof of Loss.

MCGCPXX400

**Payment of Claims:** Benefits will be payable to the Covered Person or the medical services provider if We have received a valid assignment by the Covered Person.

If any indemnity of this Policy shall be payable to the estate of the Covered Person or to a Covered Person who is not competent to give a valid release, We may pay such indemnity to his guardian or other person actually supporting him. Any payment made by Us in good faith pursuant to this provision shall fully discharge Us to the extent of such payment.

Subject to any written direction of the Covered Person or of the legal guardian of the Covered Person, if the Covered Person is incompetent to make such a direction, all or a portion of any indemnities provided by the Policy as a result of medical, surgical, dental, hospital or nursing service may, at Our option, and unless We are requested in writing not later than the time for filing Proofs of Loss, be paid directly to the Hospital or person rendering such services; but it is not requested that the services be rendered by a particular Hospital or person.

MCGCPXX500

**Physical Examination:** We, at Our own expense, shall have the right and opportunity to examine the Covered Person as it may reasonably require while a claim is pending.

MCGCPXX600

**Legal Actions:** A legal action may not be brought to recover on this Policy within 60 days after written Proof of Loss has been given as required. No such action may be brought after 3 years from the time written proof was required to be given.

MCGCPXX700

**Subrogation:** When benefits are paid to or for a Covered Person under the terms of the Policy, We shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such Covered Person against any person who might be acknowledged liable or found legally liable by a Court of competent jurisdiction for the Injury that necessitated the hospitalization or the medical or surgical treatment for which benefits were paid. Such subrogation rights shall extend only to Our recovery of the benefits We have paid for such hospitalization and treatment and We shall pay fees and costs associated with such recovery.

MCGCPXX800

## PREMIUM

**Payment of Premium/Due Date:** All premium, charges or fees (hereinafter "Premium") must be paid to Us at Our home office prior to the start of the term for which coverage is selected. In no event will coverage become effective prior to the date of enrollment and required premium are received at Our home office or by Our authorized representative.

**Returned or Dishonored Payment:** If a check in payment for the Premium is dishonored for insufficient funds, a reasonable service charge may be charged to the Policyholder which will not exceed the maximum specified under state law. A dishonored check shall be considered a failure to pay Premium and coverage shall not take effect.

MCGPPXX100

**Premium Rate Change:** Any reduction or increase in premium rates is subject to Our giving You the advance notice required by Your state.

MCPRCXX100

**Grace Period:** We allow a grace period of 31 days for the payment of premium after the first premium. Coverage is in force during the Grace Period. If premium is not received before the Grace Period expires, Your coverage terminates as of the last day for which premium has been paid. If at least [60] days prior to the premium due date We send written notice to You of Our intent not to renew this Certificate, then the Grace Period will not apply to any period after the date the non-renewal is to be effective. If You send written notice to Us that You are not renewing Your coverage, then the Grace Period will not apply after the date the non-renewal is to be effective.

MCCPPXX101

**Reinstatement:** If coverage terminates due to non-payment of premium, then a subsequent acceptance of premium by Us or by an agent, without requiring an application for reinstatement, will reinstate the insurance.

If We do require an application for reinstatement and accept premium, then We may issue a conditional premium receipt. If We approve the application, then insurance will be reinstated as of the date of Our approval. If We do not approve the application, then We will notify You in writing within 45 days after the date of the application.

If We do not notify You within 45 days, then coverage will be reinstated on the 45<sup>th</sup> day after the date of the conditional premium receipt.

The reinstated Certificate will cover only losses due to conditions that begin after the date of reinstatement. In all other respects, Your rights and Ours will be the same as before insurance terminated, unless there are new provisions added due to reinstatement. The premium We accept for reinstatement may be used for the period for which premiums had not been paid. We can apply the premium for as many as 60 days before the date of reinstatement.

MCCPPXX200

## GENERAL PROVISIONS

**Entire Contract; Changes:** The Policy, including the Master Application, Certificate, if any, endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in the Policy shall be valid until approved by one of Our executive officers and unless such approval is endorsed hereon or attached hereto. No agent has authority to change the Policy or waive any of its provisions. The Policyholder is not Our agent.

Failure by Us to enforce any Policy provision shall not waive, modify or render such provision unenforceable at any other time; at any given time; or under any given set of circumstances, whether the circumstances are or are not the same.

MCGGPXX100

**Incontestability:** All statements made in an application by You are, in the absence of fraud, representations and not warranties. No statement shall be used to contest this Certificate, the validity of coverage or reduce benefits, unless it is in writing, signed by You, and a copy of such statement is furnished to You.

After a Covered Person's coverage has been in force for 2 years under this Certificate, no statement of that Covered Person, except fraudulent misstatement, shall be used to void his insurance or to deny or reduce a claim for loss incurred after the 2 year period.

**Non-Participating:** This Certificate is non-participating. It does not share in Our profits or surplus earnings.

**Conformity With State Statutes:** If any provision of this Certificate is contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

**Workers' Compensation:** This Certificate is not in lieu of and does not affect any requirement for coverage by Workers' Compensation Insurance.  
MCCGPXX100

**Other Insurance With Us:** A Covered Person may have coverage under only one group or individual policy like this one with Us. If We issue more than one like individual policy or certificate to a Covered Person, only one certificate or individual policy chosen by the Covered Person will stay in force. [We'll return the premium paid for the duplicate coverage].  
MCCGPXX200

**Clerical Error:** If a clerical error is made so that an otherwise eligible person's coverage does not become effective, coverage may be in effect if: (a) the Policyholder makes a written request for coverage on a form approved by Us; and (b) any premium not paid because of the error is paid in full from the effective date of coverage. Company reserves the right to limit retroactive coverage to two months preceding the date the error was reported.

If a clerical error is made so that the coverage is in effect for a person who is not eligible, an adjustment will be made to correct the error. Any Premium refund will be reduced by any payment made for claims. If claims paid exceed the Premium refund, the Policyholder shall reimburse Us for the overpayment.

**Information and Records:** We shall have the right to inspect, at reasonable times, any of the Policyholder's records for the Policy. The Policyholder shall provide Us with information necessary to administer coverage and set premium under the Policy. Information is required when an eligible person becomes covered, when changes in amounts of coverage occur, and when a Covered Person's coverage terminates.  
MCCGPXX300

## SCHEDULE

### POLICYHOLDER AND INSURED INFORMATION

<b>Policyholder:</b>	[ABC Company]
<b>[Employer:</b>	[ABC Company] ]
<b>Insured:</b>	[John Doe]
<b>Certificate Number:</b>	[12345]
<b>Effective Date:</b>	[January 1, 2009]
<b>[Anniversary Date:]</b>	[January 1, 2009]
<b>[Premium Due Dates:]</b>	[The first of each month]
<b>[Premium:]</b>	[\$23.00]
<b>[Schedule Date:]*</b>	[January 1, 2009]
<b>[Dependent Spouse/ Domestic Partner:</b>	[Jane Doe ]

\* This Schedule replaces and supersedes any Schedule attached to this Certificate with a date earlier than the Schedule Date shown above.  
MCGSOBXX101

### BENEFITS

<b>[Deductible, per Calendar Year per Covered Person. [Applies only to Medicare Eligible Expenses under [Part A] [Part B] of Medicare].....</b>	<b>[\$0 - \$2500] ]</b>
<b>[Insured Percent (Applies only to Medicare Eligible Expenses under Part B of Medicare)</b>	<b>[80% - 100%] ]</b>
<b>[Out-of-Pocket Maximum per Calendar Year per Covered Person .....</b>	<b>[\$500 - \$2500]</b>
<b>[Lifetime Maximum Amount .....</b>	<b>[\$1,000,000] [\$2,000,000] [\$5,000,000] ]</b>

### COVERED CHARGES

<b>[HOSPITALIZATION [subject to the Deductible]:</b> [[ \$1068] for the first [60] days. This amount equals the Medicare Part A Deductible.] [\$267] per day beginning day [61] through day [90], per Medicare Benefit Period [\$534] per day beginning day [91] and after while using [60] Lifetime Reserve Days per Medicare Benefit Period [[80% - 100%] of Medicare Eligible Expenses] [\$100 per day] for [365-500] days after the [60] Lifetime Reserve Days are used, per Benefit Period.
<b>MEDICAL EXPENSES</b> [\$135 for the Medicare Part B Deductible, then] [paid at 20% of Medicare approved amounts, after the Medicare Part B deductible has been met[;then, if unassigned, 100% of expenses above the Medicare approved amounts]. [Benefits are subject to the [Deductible][,] [and] [Insured Percent][,] [and] [a Copayment [of [\$10-\$500] per visit][ as specifically stated]. ]:
<ul style="list-style-type: none"> <li>• Doctor's services, except routine physical examinations[.] ] , subject to a Copayment per visit of [ \$XX] ]</li> <li>• Outpatient medical and surgical services and supplies[.] [subject to a Copayment of [\$10-\$500] per [visit] [supply] [and [\$xx] per supply.] ]</li> <li>• Diagnostic tests[.] [subject to a Copayment of [\$10-\$500] per [facility][test]. ]</li> <li>• Durable Medical Equipment[.] [subject to a Copayment of [\$10-\$500]per each piece of equipment.]</li> <li>• Second surgical opinion[.] [subject to a Copayment of [\$10-\$500]per visit.]</li> <li>• Outpatient Hospital services and supplies[.] [subject to a Copayment of [\$10-\$500]per [visit] [supply] [and [\$25] per supply.] ]</li> <li>• Outpatient physical, occupational and speech-language therapy[.] [subject to a Copayment of [\$10-\$500] per therapy session.]</li> </ul>
<b>[BLOOD:</b> [Paid at 100% for the first 3 pints, then 20% after the Medicare Part B deductible has been met, per Calendar Year.] [Paid at 100% for the first 3 pints, \$135 for the Medicare Part B deductible, then 20% thereafter, per Calendar Year.] [Benefits are subject to the [Deductible] [and] [Insured Percent]. ]:
<b>[SKILLED NURSING FACILITY CARE:</b> [\$133.50] per day for days 21 through 100 of confinement in a Skilled Nursing Facility per Calendar Year. [[ \$100] [80%-100% of Covered Charges] per day for days 101 through 365 of confinement in a Skilled Nursing Facility per Calendar Year. ] Confinement in a Skilled Nursing Facility must follow a Hospital Confinement of at least 3 days. [Benefits are subject to the Deductible.] ]

<p><b>[HOME HEALTH CARE]</b> [paid at 20% of Medicare approved amounts.] [benefits of [\$133.50] for the Medicare Part B deductible, then 20% thereafter, per Calendar Year.] [Benefits are subject to the [Deductible] [and] [Insured Percent]. ]</p>
<p><b>[AT-HOME RECOVERY:</b> Care for assistance with the Activities of Daily Living certified by a Doctor for recovery from a Sickness, Injury or surgery, and provided at the Covered Person's home.  Limited to [\$40] per visit up to [7] visits per [week] [Calendar Year]. [Not to exceed [X] visits per Calendar Year.]. [Not to exceed [\$1,600] per Calendar Year.] Each consecutive 4 hours in a 24 hour period of services provided by a care provider is one visit.]</p>
<p><b>[FOREIGN TRAVEL EMERGENCY CARE]</b> during the first [60] days of each trip outside of the USA. Benefits are paid at [80%] up to a lifetime maximum benefit of [\$10,000 - \$100,000]. Subject to a deductible of [\$250] per Covered Person per trip.]</p>
<p><b>[COMPREHENSIVE ADULT WELLNESS BENEFIT]</b> including testing and examination for breast cancer, prostate cancer, cervical cancer and diabetes. Benefits will not exceed [\$150 - \$500] per Calendar Year for all tests. [Not subject to the Deductible or Insured Percent]. ]</p>
<p><b>[WELLNESS CARE BENEFIT]</b> not to exceed [\$150-\$500] per Calendar Year for all Wellness Care services. [Not subject to the Deductible or Insured Percent]. ]</p>
<p><b>[HOSPICE CARE BENEFIT]</b></p> <ol style="list-style-type: none"> <li>1. Outpatient prescription drugs for pain relief or symptom management provided by the Hospice are subject to a co-payment of \$5.00. [Not subject to any Deductible or Insured Percent.]</li> <li>2. Hospice Care received in a Hospice facility in order to provide a respite for the hospice care personnel is limited to 5 days per respite period and no more than [2-6] respite periods per Calendar Year. Respite periods must be separated by at least [30-90] days. [Subject to the [Deductible] [and] [or] [Insured Percent]]. [Not subject to the [Deductible] [and] [or] [Insured Percent] ]. ]</li> </ol>
<p><b>[EMERGENCY ROOM BENEFIT]</b> paid at [20%] of Medicare approved amounts. [Benefits are subject to a copayment of [\$25] when the Covered Person is not hospitalized.]</p>
<p><b>[PRIVATE DUTY NURSING CARE BENEFIT]</b> paid at [\$50] per [4] [8] hour shift, not to exceed [X] shifts per Calendar Year while the Covered Person is receiving Hospitalization benefits under this Certificate. A shift is considered 8 hours of continuous nursing care received during any 24 hour period.</p>

MCGSOBXX202 ]

SERFF Tracking Number:	GRIT-125939733	State:	Arkansas
Filing Company:	Guarantee Trust Life Insurance Company	State Tracking Number:	41078
Company Tracking Number:			
TOI:	H15G Group Health - Hospital/Surgical/Medical Sub-TOI:		H15G.002 Large Group Only
	Expense		
Product Name:	Group Senior Health Policy		
Project Name/Number:	/		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTT-125939733 State: Arkansas  
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 41078  
Company Tracking Number:  
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.002 Large Group Only  
Expense  
Product Name: Group Senior Health Policy  
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## Supporting Document Schedules

	Review Status:	
<b>Satisfied -Name:</b> Certification/Notice	Approved-Closed	12/15/2008
<b>Comments:</b>		
<b>Attachments:</b>		
readcert.pdf		
NOT-03-AR (Rev. 7-04).pdf		
AR- Compliance Cert.pdf		

	Review Status:	
<b>Satisfied -Name:</b> Application	Approved-Closed	12/15/2008
<b>Comments:</b>		
The attached master application was approved by the Arkansas Dept on 11/5/2004.		
<b>Attachment:</b>		
MCA-2004 Final.pdf		

## CERTIFICATE OF READABILITY

Form Number(s): MCP-2004(11/08) and MCC-2004-AR(11/08)

Flesch Test Score(s): 48.8

I hereby certify that to the best of my knowledge and belief, the above form(s) meet the minimum reading ease requirements of your Department. The Flesch Reading Ease Test score(s) are listed above.

GUARANTEE TRUST LIFE INSURANCE COMPANY



\_\_\_\_\_  
Allan J. Heindl, FLMI, HIA, AIRC  
Vice President – Product Approval & Compliance

Date: December 10, 2008



**GUARANTEE TRUST LIFE INSURANCE COMPANY**  
**1275 Milwaukee Avenue, Glenview, IL 60025**  
**(847) 699-0600 or Toll-free 1-800-338-7452**

**Agent** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_  
**Telephone Number** \_\_\_\_\_

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**IMPORTANT NOTICE**

You may file a complaint with your state's Department of Insurance by writing:

**Consumer Services Division**  
Arkansas Insurance Department  
Room 120, First Floor  
1200 West Third Street  
Little Rock, AR 72201-1904

You may also contact the Consumer Services Division by telephone or fax at:

Telephone: (501) 371-2640  
Toll-Free: 1-800-852-5494  
Fax: (501) 371-2618

If you have Internet access, you may file an on-line complaint at the following email address:

**[Insurance.Consumers@mail.state.ar.us](mailto:Insurance.Consumers@mail.state.ar.us)**

**STATE OF ARKANSAS**

**CERTIFICATION OF COMPLIANCE**

Re: Policy Form MCP-2004(11/08) and MCC-2004-AR(11/08)

The Guarantee Trust Life Insurance Company of Glenview, Illinois does hereby certify that this policy form submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements for this category of insurance pursuant to the Arkansas Department of Insurance.

GUARANTEE TRUST LIFE INSURANCE COMPANY

BY Allan J. Heindl

Allan J. Heindl, FLMI, HIA, AIRC  
Vice President – Product Approval & Compliance

Date December 10, 2008

**Application for Group Insurance is made to:**

**GUARANTEE TRUST LIFE INSURANCE COMPANY  
Glenview, Illinois 60025**

Applicant: [ABC, Inc.]

For Group Master Policy: [MCP-2004 providing retiree medical insurance, hereinafter called the Policy.]

Description of Eligible  
Persons:

[Persons who are members of an Eligible Class: Eligible Classes are:

Class 1: Current Retirees who enroll for coverage by \_\_\_\_\_.

Class 2: New Retirees who enroll for coverage within [30] days from retirement.

Class 3: Dependent spouses of current and new Retirees who enroll for coverage at the same time as the Retiree.

A Retiree and Dependent spouse of a Retiree must:

- be age 65 and older,
- be covered under Medicare Parts A and B,
- not be eligible for Medicaid,
- not be covered under a Medicare Supplement policy or certificate and
- not be covered by an employer's health plan which is primary to Medicare due to employment of such person.]

Covered Person/Insured  
Contribution:

[0%]

[Policyholder Contribution:

[100% ]

[Premiums are payable [in advance and are] as follows:

[\$XX.XX per month per Covered Person] [See Attachment A]

[Participation Requirements: [At least 75% of all retirees at all times.] ]

[This Application is attached to and made a part of Group Policy No. \_\_\_\_\_ and effective \_\_\_\_\_. It  
cancels and replaces all other applications, if any, attached to the Group Policy.]

[This Application will be void if not signed and returned to the Company prior to: \_\_\_\_\_.]

[Date: \_\_\_\_\_]

Applicant

Agent: \_\_\_\_\_

(Signature of Officer)

(Official Position)]